DECLARATION OF RESPONSIBILITY

(Note: Use a separate letter for each creditor you are contacting. Keep a copy of each for your records. We recommend that each form (one per fraudulent account) be notarized when the imposter signs it. The imposter should pay for that charge. Make enough copies for each account needed and a few extra for your files. Attach any documentation (e.g. police report) that will help the creditor to deal with this situation.)

This is to notify you that:
I opened the following credit account(s) in the victim's name.
I added charges onto an existing credit card account owned by the victim.
I took over a bank account or checking account owned by the victim.
I opened a bank account or checking account in the victim's name.
Account Number of fraudulent account(s):
Date Opened for Each Approximate amount of charges to date:
Social Security number used to open account:
Legal authorization: (have imposter initial each)
The victim did not authorize me to use his/her name or personal information to seek the money, credit, loans, goods or services described in this report.
The victim did not have any knowledge of my actions described in this report.
The victim did not receive any benefit, money, goods, or services as a result of the events described in this report.
A police report has been filed about this situation Yes (attached) No
I wish to assume full financial responsibility for all charges made by me in the name of the victim and contact me exclusively to make arrangements for repayment of these charges. I do so without any coercion or force by another individual. I also request that a written confirmation be sent to the victim showing:
1. That all foundations along listing of the apparent application in gains and collection

- 1. That all fraudulent charges, listing of the account, application, inquiry and collection actions have been removed from the records within your company and that you have forwarded this request to all three credit reporting agencies- Equifax, Experian and TransUnion..
- 2. That a letter of clearance is sent to the victim of this case, listed below.

Imposter Information:

My name is (full legal name).

My full legal name:				
When the events described in this affic	davit took j	place, my name	e was:	
My Social Security number is				
My driver's license number is: State a	and numbe	r		
My current address is:				
City:			Zip:	
I have lived at this address since				
(If different from above) When the even	n) ents descri	nonth/year) bed in this affic	davit took place, my add	ress was:
City	St	tate	Zip:	
My daytime telephone number is (_ Cell ()	
My evening telephone number is (_)		-	
My email address is				
Victim Information:				
Victim's full legal name:				
Victim's address:				
Victim's phone number: Home ()	Wo	ork ()	
Victim's Social Security number:			_	
I declare under penalty of perjury that attaching a (check/money order) as for				ny knowledge. I am
Signature of imposter		Da	te	
Knowingly submitting false informa perjury.	ition on th	is affidavit co	uld subject me to crimi	nal prosecution for
(Have this form notarized; the imposte	er should p	ay this cost.)		